

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-011168

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

149
FILED APR 5 1962

Primary Registration District No.

1002

Registrar's No.

1721

VS 300
Rev. 4/59

1

23598

3

4

5

6

7

8

94201F

10

11

1257-0

13

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Frank Ellis

1. PLACE OF DEATH
a. COUNTY **Jackson**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Kansas City**

Length of stay in 1b
73yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **General Hospital**

Inside Limits
Yes ☒ No ☐

c. CITY
OR TOWN **Kansas City**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
3836 Freemont

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First
Marie

Middle

Last
McKay

4. DATE OF DEATH

Month Day Year
March 25, 1962

5. SEX
Female

6. COLOR OR RACE
White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
5-10-1888

9. AGE (last birthday)
73

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Kitchen Helper

10b. KIND OF BUSINESS OR INDUSTRY
Hospital

11. BIRTHPLACE (City and state or country)
Kansas City, Missouri

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Frank Sands

13b. MOTHER'S MAIDEN NAME

Lydia Burnett

14. NAME OF HUSBAND OR WIFE

Mac McKay

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) **No**

16. SOCIAL SECURITY NO.
None

17. INFORMANT

Mrs. Anna Hugenschmidt Sedalia, Mo.

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Acute myocardial infarction**

INTERVAL BETWEEN
ONSET AND DEATH

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Intertrochanteri fracture left femur with osteotomy spline

PART III. If deceased was female was
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
Patient fell at home

20c. TIME OF
INJURY (Hour (a.m.)
p.m.)

Month, Day, Year
3-6-62

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)
Home

20f. CITY, TOWN, OR LOCATION
Kansas City, Missouri

COUNTY

Jackson

STATE

21. I attended the deceased from
Death occurred at

3-6-62
8:15

to **3-25-62**
Pm

and last saw her him alive on **3-25-62**

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

2400 Cherry

22c. DATE SIGNED

3-27-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)
Burial

23b. DATE

3-28-1962

23c. NAME OF CEMETERY OR CREMATORY

St. Mary's Cemetery

23d. LOCATION (City, town, or county)

Kansas City, Missouri

(State)

24. FUNERAL DIRECTOR

Melody-McGilley-Eylar 20 W. Linwood

ADDRESS

25. DATE RECD. BY LOCAL REG.

3-27-62

26. REGISTRAR'S SIGNATURE

Ruth Long

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lloyd F. Dieckman

Licensed Embalmer No. 5720

P. O. Address KC, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.